

| POSITION                         | INITIALS | ID NO.  | DATE     |
|----------------------------------|----------|---------|----------|
| <b>FEE DETERMINATION</b>         |          |         |          |
| <b>O.I.P.E. CLASSIFIER</b>       |          | 2/12/01 | 3/3/01   |
| <b>FORMALITY REVIEW</b>          | MHD      | 579     | 2/23/01  |
| <b>RESPONSE FORMALITY REVIEW</b> | A        | 676     | 04/27/01 |

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

| Claim    | Date  |
|----------|-------|
| Final    | 1 7   |
| Original | 30 10 |
|          | 24 03 |
| 1 ✓ ✓    |       |
| 2 ✓ ✓    |       |
| 3 ✓ ✓    |       |
| 4 ✓ ✓    |       |
| 5 ✓ ✓    |       |
| 6 ✓ ✓    |       |
| 7 ✓ ✓    |       |
| 8 ✓ ✓    |       |
| 9 ✓ ✓    |       |
| 10 ✓ ✓   |       |
| 11 0 0   |       |
| 12 ✓ ✓   |       |
| 13 2 0   |       |
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| 21 ✓     |       |
| 22 ✓     |       |
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| Claim    | Date |
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| Claim    | Date |
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| Final    | 101  |
| Original | 102  |
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If more than 150 claims or 10 actions  
staple additional sheet here